

PLACE OF BIRTH

1. County of Yuma
 District of San Carlos
 Town of _____
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 206
 County Registrar No. _____
 Local Registrar No. _____

No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Charles Rodenick Douglas { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth 5 17 25 Month Day Year

8. FATHER
 Full name Harry Earl Douglas
 9. Residence (Usual place of abode) Stanley, P.O. Ariz
 If non-resident, give place and state. _____
 10. Color or race White
 11. Age at last birthday 30 (Years)
 12. Birthplace (city or place) Florence, Ariz
 (State or country) _____
 13. Occupation Miner
 Nature of industry _____

14. MOTHER
 Full maiden name Georgia May Cornett
 15. Residence (Usual place of abode) Stanley P.O. Ariz
 If non-resident, give place and state. _____
 16. Color or race White
 17. Age at last birthday 15 (Years)
 18. Birthplace (city or place) Camp Verde, Ariz
 (State or country) _____
 19. Occupation Housewife at home
 Nature of industry _____

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 A m. on the date above stated (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. H. Sawyer, M.D. (Physician or midwife)

Address San Carlos, Ariz

Given name added from a supplemental report _____ Filed _____, 19____
 Month, day, year _____ Local Registrar.

Registrar

Filed _____, 19____ County Registrar.

342-517-733